

Fetal Alcohol Spectrum Disorders and Drug Affected Babies

Maine Office of Substance Abuse and Mental Health Services

Maine Department of Health and Human Services

The Issue:

- ❑ 2008 prevalence estimates of alcohol use among women aged 18-44 years reveal that nationally, 50.3% of women reported any alcohol use and 14.7% reported binge use; in Maine those rates are 58.7% and 18.2%, respectively.¹
- ❑ Half of all pregnancies in the United States are unplanned²; in Maine 39% of mothers reported that their pregnancy was unintended.³
- ❑ Since 2007, about five percent of all women who have been admitted to substance abuse treatment in Maine were pregnant; in 2011, this represented 262 women.⁴
- ❑ The proportion of pregnant Maine women who are admitted for treatment primarily due to synthetic opiates has increased since 2007 from 38 percent.⁴
- ❑ Nationally, the diagnosis of neonatal abstinence syndrome (NAS), a drug withdrawal syndrome among newborns, almost tripled between 2000 and 2009.⁵
- ❑ In Maine in 2005, 165 Drug Affected Baby (DAB) Reports were made to the Office of Child and Family Services; in 2011 that number increased to 667.



Substance Abuse
and Mental Health Services
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Andrea Pasco
FASD/DAB State Coordinator
41 Anthony Avenue
Augusta, Maine 04333-0011
Telephone: 207-287-2816
TTY: 207-287-4475
Fax: 207-287-8910
osa.ircosa@maine.gov
www.maine.gov/dhhs/samhs

The Maine Office of Substance Abuse and Mental Health Services and the Maine Office of Child and Family Services' combined efforts with funding from the Maine Infant Early Childhood Home Visiting (MIECHV) grant to develop a full range of programs to prevent and serve those with an FASD as well as drug affected/exposed infants.

Program Goals:

- ❑ To reduce the number of alcohol and illicit drug-exposed pregnancies.
- ❑ To increase awareness about the health benefits of medication assisted treatment to women using opiates during pregnancy and to increase the number of women who access treatment.
- ❑ To increase the number of Maine women who receive Screening, Brief Intervention and Referral to Treatment (SBIRT).
- ❑ To increase community awareness about the long-term health impacts of alcohol use during pregnancy.

Priority Populations:

Maine women, their families and communities.

Program Activities:

- ❑ Develop and implement a strategic plan for the State of Maine to address FASD as well as drug affected/exposed infants
- ❑ Collaborate with the Office of Substance Abuse and Mental Health Services (SAMHS) Treatment Team and other statewide stakeholders to enhance access to services for pregnant women and their families
- ❑ Collaborate with Statewide partners to address the issues of safe sleep environments for infants and young children's ingestion of prescription medication
- ❑ Provide educational materials and trainings on FASD/DAB to community members and providers Statewide
- ❑ Ongoing FASD/DAB Task Force meetings

¹CDC State-Specific Alcohol Consumption Rates for 2010

http://www.cdc.gov/ncbddd/fasd/monitor_table.html

²National Organization on Fetal Alcohol Syndrome

<http://www.nofas.org>

³Maine PRAMS, 2012

<http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/prams/index.shtml>

⁴Substance Abuse Trends in Maine State Epidemiological Profile 2012

<http://www.maine.gov/dhhs/osa/pubs/data/2012/EpiProfile2012.pdf>

⁵About One Baby Born Each Hour Addicted to Opiate Drugs in US
<http://www.sciencedaily.com/releases/2012/04/120430190537.htm>